



REQUEST FOR STUDENT BUS STOP CHANGE



Please complete the following sections, as they relate to your request.

Stops are not subject to relocation except for safety concerns evaluated by the Pupil Transportation Department. Students may walk up to .30/mile.

- 1. Check all that apply:** New Student Change in pick up or drop off location
 Change of address Review of current bus stop
 Other: _____

2. Student / Parent Information:

School: _____ Date of Request: _____
 Child's Legal Name: _____ Grade: _____
 Parent/Legal Guardian's full name: _____
 Parent/Legal Guardian's Email Address _____
 Street Address: _____ City: _____ Zip: _____
 Best Contact # (H): _____ (W): _____ (C): _____

3. Current Bus Information:

Current bus #: _____ Stop location: _____

4. Child Care Provider Information:

Provider's Street Address: _____
 Check one: AM PM Both Parent's Signature: _____

5. Please explain why a change is needed:

Please forward your request to the Transportation Department upon completion - Fax: 804-966-8598, or you can email at Lsimmons@nkcps.k12.va.us & Sbrown@nkcps.k12.va.us - Please do not Fax and email

Transportation will notify the parent(s) when the request has been processed. Requests may take up to five working days from the date it was received in the office to complete.

Office Use Only:

Processed By: _____ APPROVED /DENIED PARENT Notified _____ Notify Driver /Update Route _____